

Complete Examination Procedure <b>MOVEMENT RATINGS:</b> Rate highest severity observed. Rate movements that occur upon activation one <i>less</i> than those observed spontaneously.	Code: 0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe	
<b>Muscles of Facial Expression</b> e.g., movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing <b>Lips and Perioral Area</b> e.g., puckering, pouting, smacking <b>Jaw</b> e.g., biting, clenching, chewing, mouth opening, lateral movement <b>Tongue</b> Rate only increase in movement both in and out of mouth, inability to sustain movement <b>Upper (arms, wrists, hands, fingers)</b> Include choreic movements, (i.e., slow, irregular, complex, serpentine). Do not include tremor (i.e., repetitive regular, rhythmic). <b>Lower (legs, knees, ankles, toes)</b> e.g. lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot <b>Neck, shoulder, hips</b> e.g., rocking, twisting, squirming, pelvic gyrations <b>Severity of abnormal movements</b> <b>Incapacitation due to abnormal movements</b>  <b>Patients awareness of abnormal movements</b> Rate only patient's report  <b>Current problems with teeth and/or dentures</b>  <b>Does patient usually wear dentures?</b>	Date: (Circle one)  0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4  0 1 2 3 4  0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4  No Awareness 0 Aware, No Distress 1 Aware, Mild Distress 2 Aware, Moderate distress 3 Aware, severe distress 4  No 0 Yes 1  No 0 Yes 1	Date: (Circle one)  0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4  0 1 2 3 4  0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4  No Awareness 0 Aware, No Distress 1 Aware, Mild Distress 2 Aware, Moderate distress 3 Aware, severe distress 4  No 0 Yes 1  No 0 Yes 1

Total: \_\_\_\_\_

Total: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Examination Procedures**

Either before or after completing the Examination Procedure, observe the client unobtrusively, at rest.

The Chair to be used in this examination should be a hard, firm one without arms.

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1. Ask client whether there is anything in his/her mouth (i.e., gum, candy, etc.) and if there is, to remove it.
  2. Ask client about current condition of his/her teeth. Ask client if he/she wears dentures. Do teeth or dentures bother client now?
  3. Ask client whether he/she notices any movements in mouth, face, hands or feet. If yes, ask to describe and to what extent they currently bother client or interfere with his/her activities.
  4. Have client sit in chair with hands on knees, legs slightly apart, and feet flat on the floor. Look at entire body for movements while in this position.
  5. Ask client to sit with hands hanging unsupported. If male, between legs, if female and wearing a dress, hanging over knees. Observe hands and other body areas.
  6. Ask client to open mouth. Observe abnormalities of tongue movement. Do this twice.
  7. Ask client to protrude tongue. Observe abnormalities of tongue movement. Do this twice.
  8. Ask client to tap thumb with each finger as rapidly as possible to 10-15 seconds, separately with right hand, then with left hand. Observe facial and leg movements.
  9. Flex and extend client's left and right arms, one at a time. Note any rigidity.
  10. Ask client to stand up. Observe in profile. Observe all body areas again, hips included.
  11. Ask client to extend both arms outstretched in front with palms down. Observe trunk, legs and mouth.
- Have client walk a few spaces, turn and walk back to chair. Observe hands and gait. Do this twice.